



## ***Motor Vehicle Commission***

STATE OF NEW JERSEY  
Business License Services  
(609) 777-1684

Enclosed are the applications necessary for the issuance of a PRIVATE INSPECTION FACILITY (PIF/PFF) LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Initial Application

Supplementary Application

Child Support Certification

Sticker Identification card

License fee \$270.00 (make check payable to MVC)

License Certification Form

Copy of corporate papers (if applicable)

Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage. The certificate holder should read:

MVC-PIF Section  
P.O. Box 170  
Trenton, NJ 08666

Color photo of each officer, owner, partner or corporate officer

Fingerprint (See attached instruction letter)

Business hours

Equipment confirmation

Copy of equipment lease/purchase

PIF emission inspector certificate form

Copy of the emission inspector(s) license(s) for your facility

Copy of Certificates listed below:

- A. NJ Sales Tax Identification
- B. NJ Unemployment Registration
- C. Federal Employer Identification

If you have any questions, please contact us at the phone number listed above.

**APPLICATION FOR LICENSE****FOR OFFICE USE ONLY**

License No. \_\_\_\_\_

Date \_\_\_\_\_

Reg. No. \_\_\_\_\_

Approved by \_\_\_\_\_

The undersigned hereby applies for the license(s) checked in Part 3 and submits the following certified statement:

Corp Code \_\_\_\_\_

1. \_\_\_\_\_  
Name Of Business (if corporation, corporate name)

Business phone \_\_\_\_\_

2. Please Check:

☐ Corporation ☐ Partnership ☐ Proprietorship☐ Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number \_\_\_\_\_

B. NJ Unemployment Registration Number \_\_\_\_\_

C. Federal Employer Identification Number \_\_\_\_\_

3. Please Check appropriate Box for License:

☐ Leasing Company☐ Driving School☐ Moped Dealer☐ Junkyard☐ Private Inspection Facility☐ Fleet DEIC☐ New & Used Motor Vehicle Dealer☐ Auto Body Repair Facility☐ Used Motor Vehicle Dealer☐ Fleet Inspection Facility☐ DEIC

4. Complete the following for proprietor, partners, or corporate officers:

Name

Title

☐ Other \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

5. Have the owners, partners, or officers ever been arrested, charged or convicted of a criminal or disorderly persons offense in this or any other state?

☐ Yes if yes, explain:☐ No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

☐ Yes \_\_\_\_\_☐ No Give name and address of person \_\_\_\_\_

7. Have the owners, partners or corporate officers ever held any of the above licenses?

☐ Yes☐ No If yes, please explain the type of license and license numbers \_\_\_\_\_

8. Was the license ever suspended or revoked?
- If yes, explain:
- ☐ Yes
- ☐ No
9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name
- If yes, explain:
- ☐ Yes
- ☐ No
10. Does any stockholder own more than 10% of the corporation's stock?
- If yes, give name, address and holding
- ☐ Yes
- ☐ No

11. \_\_\_\_\_

Place of Incorporation

\_\_\_\_\_

Date of Incorporation

\_\_\_\_\_

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am \_\_\_\_\_ of the above business \_\_\_\_\_

Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of \_\_\_\_\_

who is \_\_\_\_\_ of said corporation.

President, Vice-President

\_\_\_\_\_  
Signature of Secretary

**APPROVAL CERTIFICATE**

I, \_\_\_\_\_ Clerk of the Municipality of \_\_\_\_\_ County of \_\_\_\_\_

(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location, establishment and maintenance of the

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Leasing Company             | <input type="checkbox"/> Fleet DEIC                      | <input type="checkbox"/> Used Motor Vehicle Dealer |
| <input type="checkbox"/> Driving School              | <input type="checkbox"/> New & Used Motor Vehicle Dealer | <input type="checkbox"/> Fleet Inspection Facility |
| <input type="checkbox"/> Moped Dealer                | <input type="checkbox"/> Auto Body Repair Facility       | <input type="checkbox"/> DEIC                      |
| <input type="checkbox"/> Junkyard                    | <input type="checkbox"/> Other _____                     |  |
| <input type="checkbox"/> Private Inspection Facility |  |  |

, located at \_\_\_\_\_

Complete Address

\_\_\_\_\_  
Signature of Municipal or Zoning Board Clerk

\_\_\_\_\_  
Date

# BUSINESS LICENSE SERVICES

## SUPPLEMENTARY APPLICATION

BUSINESS NAME			BUSINESS PHONE #		
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY					
2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.					
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)		
7. SEX	8. HEIGHT		9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)			
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO					
IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.					
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
SIGNATURE: _____ DATE _____					

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY					
2. STREET ADDRESS		CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.					
5. DATE OF BIRTH (MO. DAY, YEAR)			6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)		
7. SEX	8. HEIGHT		9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER		12. DRIVER LICENSE NUMBER (STATE)			
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO					
IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.					
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
SIGNATURE: _____ DATE _____					





---

STATE OF NEW JERSEY  
Motor Vehicle Commission  
Business License Services

**CHILD SUPPORT CERTIFICATION FORM**

---

Business Name

---

Applicant's Name (Print)

---

Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

---

Signature

---

Date



# Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY  
BUSINESS LICENSE COMPLIANCE

## TO ALL MOTOR VEHICLE PRIVATE INSPECTION FACILITIES

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Private Inspection Facility.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the States fingerprint scan vendor **SAGEM MORPHO, INC.**

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicles identification numbers:

<b>ORIGINATING AGENCY REFERRAL NUMBER (ORI)</b>	<b>NJ920530Z</b>
<b>AGENCY CASE NUMBER</b>	<b>(Your Driver License Number)</b>
<b>CATEGORY</b>	<b>MVS</b>
<b>DOCUMENT TYPE</b>	<b>RS 1</b>
<b>STATUTE</b>	<b>39:8-49 PRIVATE INSPECTION FACILITY LICENSING</b>

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 1 through 18 as well as your driver's license number in block 22 which will be used as your agency case number. Please have this form filled in and present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter.

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. **When fingerprinted, you will be required to pay a one-time fee in the amount of \$54.00 incorporating all required background checks. Payment must be made by certified check or money order made out to the name of the State contractor: SAGEM MORPHO, INC.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION  
BUSINESS LICENSE SERVICE BUREAU  
PRIVATE INSPECTION FACILITY SECTION  
609-777-1684**

**PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED**

**Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.**

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check, credit card and money order payments. Your account will be charged at the time you schedule. A fee of \$14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The \$14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPSI V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj) 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No other form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name		(2) Middle Initial		(3) Last Name	
(4) Daytime Telephone Number		(5) Social Security Number		(6) Date of Birth	(7) Height
					(8) Weight
(9) Maiden Name (if married female)			(10) Place of Birth (State for US Citizens - Country for all others)		(11) Country of Citizenship
(12) Home Address					
Address		City		State	Zip
(13) Gender (select one) Male    Female    Both		(14) Hair Color (indicate most predominant color, one only)		(15) Eye Color	(16) Race (select one) A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown
(17) Occupation			(18) Employer Name and Address		
NOTE: Items 19-25 to be completed by employer or agency.					
(19) Statute Number			(20) Reason for Fingerprinting		
(21) Originating Agency Number (ORI#)			(22) Contributor's Case Number (Agency Unique Identifier) DL#		
(23) Category			(24) Document Type		
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNTY OR MUNICIPAL EMPLOYMENT ID.			(25) Payment Information  <div> <div> <div>Visa</div> <div>Master Card</div> <div>Money Order</div> <div>Certified Check</div> </div> <div>\$54.00</div> </div>		



# New Jersey Motor Vehicle Commission

Office of Regulatory Affairs  
Business License Services  
P.O. Box 170  
Trenton, New Jersey 08666-0170

## BUSINESS HOURS

Name of Business \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

### Days Open for Business

### Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer \_\_\_\_\_

Date \_\_\_\_\_



# NEW JERSEY MOTOR VEHICLE COMMISSION

---

## CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: \_\_\_\_\_

Proprietor, Partner or  
Corporate Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date



## EQUIPMENT CONFIRMATION

DEIC/PIF NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

I have purchased and installed a State of New Jersey approved:

Serial No.

Analyzer \_\_\_\_\_

Dynamometer \_\_\_\_\_

Opacity Meter \_\_\_\_\_

The following designated Inspectors have been trained in the use of:

## Opacity Meter

[illegible]

LICENSEE'S SIGNATURE \_\_\_\_\_

MVC REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

MVC SUPERVISOR'S SIGNATURE \_\_\_\_\_



STATE OF NEW JERSEY  
Business License Services  
(609) 777-1684

**P.I.F. EMISSION INSPECTOR CERTIFICATION**

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
P.I.F. License #

I, the undersigned, certify that the below listed employee(s) are licensed as P.I.F. Emission Inspectors.

Name	Address	Inspector License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Licensee's Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
MVC Investigator's Signature & ID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
MVC Supervisor's Signature & ID#

\_\_\_\_\_  
Date

**ATTACH COPY OF THE CERTIFICATION(S)**  
*New Jersey Is An Equal Opportunity Employer*

**NEW JERSEY ELECTRONIC TRANSMISSION  
SERVICE ENROLLMENT FORM**

This form must be filled out completely and returned in order for a station to be activated for the NJ Enhanced Emissions program that begins December 10, 1999. This enrollment form must be received by MCIW prior to the initiation of Electronic Transmission (ET) service, and anytime thereafter if there is a change in Station or Billing information. Please type or print legibly. Detailed instructions for filling out this form are included. If you have any questions, call MCI WorldCom toll-free at 1-877-365-2277. **Return the completed form to the address listed below to initiate your ET service:**

**MCIWorldCom**  
**Attn: NJ-EMIS**  
**P.O. Box 34280**  
**Phoenix, AZ 85067-4280**

**SECTION ONE**

Check all boxes that apply	New Inspection Station Change in Owner Information Change in Inspector Information	Re-Appointment Change in Billing Information Change of Authority	Change in Station Information Change in Analyzer Information
----------------------------------	--	--	---

**SECTION TWO  
Station Information**

(a) Inspection Station Number:						
(b) Station Name:						
(c) Optional Station Description for Invoice:						
(d) Address:		Number and street	City or Town	County	State	Zip Code
(e) Contact		First	Middle	Last		
(f) Phone:	Area Code ( )	Phone Number	Extension	(g) FAX:	Area Code ( )	Phone Number

**SECTION THREE  
Owner Information**

If the Owner Information is the same as Section Two, continue to Section Four. **You** must fill out this Section if the Owner Information is different from Station Information entered in Section Two.

**Check only one box** Is this Owner responsible for more than one station? **YES** **NO**

(a) Business Name:						
(b) Address:		Number and street	City or Town	County	State	Zip Code
(c) Contact		First	Middle	Last		
(d) Phone:	Area Code ( )	Phone Number	Extension	(e) FAX:	Area Code ( )	Phone Number



**SECTION FOUR**  
**Billing Information**

Check only one box	Send the invoice to:	the Station as specified in Section Two. Continue to Section Five. the Owner as specified in Section Three. Continue to Section Five. Other Billing Location. Fillout this Section.	
Check only one box	Is this Bill Payer responsible for more than one station?	YES	NO
(a) Business Name:			
(b) Address:	Number and street	City	State Zip Code
(c) Contact:	First	Middle	Last
(d) Phone:	Area Code ( )	Phone Number	Extension
(e) FAX:	Area Code ( )	Phone Number	

**SECTION FIVE**  
**Emissions Inspector Information**

Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:
Inspector Name:	License Number:

**SECTION SIX**  
**Analyzer Information**

Enter Analyzer Unit Number and its telephone number. Each analyzer must have a dedicated telephone number.	
Analyzer Unit Number:	Telephone Number: ( )
Analyzer Unit Number:	Telephone Number: ( )
Analyzer Unit Number:	Telephone Number: ( )
Analyzer Unit Number:	Telephone Number: ( )

**MCI WORLD COM**  
**NEW JERSEY ELECTRONIC TRANSMISSION**  
**SERVICE TERMS AND CONDITIONS**

**Business Agreement.** Use of the New Jersey Electronic Transmission ("ET") communication service constitutes agreement to the following terms and conditions. MCI may deactivate Customer's access to the MCVET Network at any time should Customer fail to abide by the terms of this Agreement.

**Description of Service.** MCI Worldcom ("MCI") will provide to Customer, and Customer will receive from MCI, access to the MCI/ET Network ("MCI Services") provided pursuant to this Agreement and MCI Tariffs FCC No. 1 and 8, WUJ Tariff FCC No. 27, and any other applicable interstate and international tariff of MCI and its affiliates, each as supplemented by this Agreement, and intrastate telecommunications services provided pursuant to MCI's state tariffs and price lists, as applicable, governing such services (the "Tariff"). This Agreement incorporates by reference the terms of each such tariff. MCI may modify its Tariff from time to time in accordance with the law and thereby affect the service(s) furnished Customer. In the event of a conflict or inconsistency between this Agreement and any tariff, the terms and conditions of the Tariff shall govern.

**Implementation.** MCI will complete its checklist of Customer's service requirements and make the initial connection to the MCVET Network.

**Customer Responsibilities.** (a) Should any unauthorized user obtain access to the designated Analyzer System ("ANALYZER") unit(s), Customer must notify the MCI Call Center immediately. Until such notification is made, Customer understands and agrees that Customer will continue to be responsible to pay for all transactions and transmissions incurred on the ANALYZER unit(s).

(b) Customer understands and agrees that Customer shall be responsible for any access code and/or personal information number (PIN) that may be associated with access into the MCVET Network. Customer's access code(s) and/or PIN(s) should not be shared and must be kept secure. MCI shall in no way be liable for transaction charges fraudulently incurred on the ANALYZER unit. It is the Customer's responsibility to pay these transaction charges.

(c) Customer shall notify the MCI Customer Service Center immediately upon any address change, or Customer departure from Customer's listed address. Changes to Customer account can only be made by Customer.

(d) Customer understands and agrees that Customer shall be responsible for obtaining from the New Jersey Division of Motor Vehicles an inspection station certificate of appointment to provide emissions tests. Failure to obtain or maintain test equipment in good working order or loss of Customer's certificate of appointment will prevent access to the MCVET Network.

**Charges and Payment Terms for MCI Services.** (a) By using the MCI Service, Customer assumes full responsibility for all transactions and transmission charges incurred by the ANALYZER and its associated telephone number related to emission testing and diagnostic and repair information.

(b) Customer shall pay one dollar and forty-seven cents (\$1.47) per test for use of the MCI Services provided by MCI. The standard test will consist of an initial test call and an end of test call. Customer shall be responsible for any emission related transaction, and/or diagnostic and repair information charges as well.

(c) MCI will invoice Customer and the charges shall be due and payable on the due date as indicated on the invoice. The invoice shall state the total number of test transactions and the total amount due. Customer shall pay all charges arising under this Agreement, by the invoice due date. Failure to pay the MCI invoice on or before the due date may result in Customer being denied access to the MCVET Network until such payment is received by MCI. If Customer does not provide MCI written notice of a dispute with respect to MCI's charges within six (6) months from the date the invoice was rendered, such invoice shall be deemed to be correct and binding to the Customer.

(d) Customer agrees that there will be a Twenty-Five Dollar (\$25.00) fee for any payment to MCI that is returned due to insufficient funds. Failure to pay the outstanding invoice in addition to the Twenty-Five Dollar (\$25.00) fee within ten (10) days of notification may result in an ANALYZER lockout of service.

**Warranty Disclaimer and Limitation of Liability.** (a) MCI SERVICES PROVIDED HEREUNDER ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NON-INFRINGEMENT OF THIRD PARTIES RIGHTS. FURTHER, MCI DOES NOT WARRANT, GUARANTEE, OR MAKE ANY REPRESENTATIONS REGARDING THE USE, OR THE RESULTS OF THE USE OF MCI SERVICES OR WRITTEN MATERIALS IN TERMS OF CORRECTNESS, ACCURACY, RELIABILITY, OR OTHERWISE. CUSTOMER UNDERSTANDS THAT MCI IS NOT RESPONSIBLE FOR AND WILL HAVE NO LIABILITY FOR HARDWARE, SOFTWARE OR OTHER ITEMS OR ANY SERVICES PROVIDED BY ANY PERSONS OTHER THAN MCI.

(b) Neither party shall be deemed negligent, at fault or liable in any respect to the other for any delay, interruption or failure in performance hereunder resulting from fire, flood, water, the elements, explosions, acts of God, war, accidents, labor disputes, strikes, shortages of equipment or suppliers, unavailability of transportation or other cause beyond the reasonable control of the party delayed or prevented from performing. MCI's liability for willful misconduct, if established as a result of judicial or administrative proceedings, is not limited by these Service Terms and Conditions. IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, INCLUDING LOSS OF REVENUE AND PROFITS, EVEN IF AWARE OF THE POSSIBILITY THEREOF.

**Cancellation Rights and Liabilities.** Either party may terminate this Agreement with thirty (30) days prior written notice to the other party. However, MCI may terminate this Agreement immediately, without liability, upon notification and direction of the New Jersey Division of Motor Vehicles.

**Termination for Cause.** In addition to any other rights of cancellation specified herein, either party may terminate this Agreement upon three (3) days prior written notice to the other in the event of the other's failure to pay any amounts due hereunder and not duly contested in good faith within ten (10) days after the receipts of the terminating party's written notice of default concerning the same; or the other's failure to cure a material breach within thirty (30) days after receipt of the terminating party's written notice of default concerning the same.

**Applicable Law.** Customer understands that MCI, in conducting its business in the manner set forth herein, is subject to the Communications Act of 1934, as amended, and as interpreted and applied by the Federal Communications Commission. Otherwise, and where not inconsistent with the Communications Act of 1934, this Agreement shall be construed in accordance with the laws of the State of New Jersey. Customer will comply with all applicable state and federal laws.

**Assignment.** Neither party may assign this Agreement or any of its rights hereunder, without the prior written consent of the other party, which consent shall not be unreasonably withheld, except MCI may assign this Agreement to any parent, subsidiary, affiliate or purchaser of all or substantially all of its assets.

**Independent Contractors.** The relationship between the parties shall not be that of partners or joint ventures of one another and nothing contained in this Agreement shall be deemed to constitute a partnership agreement between them.

**Entire Service Order.** This Service Enrollment Form and Agreement together with all Exhibits and the Tariff set forth the entire understanding between the parties with regard to the subject matter hereof and supersedes any prior or contemporaneous agreements, discussions, representations or negotiations between the parties whether written or oral with respect thereto. All amendments to this Service Enrollment Form shall be in writing and signed by the authorized representatives of both parties. All notices, requests, demands or communications shall be deemed effective upon personal delivery or on the calendar day following the date of the telex, telegram, or MCI Mail, or when received if sent by registered, certified or express mail.

**SECTION SEVEN**  
**Terms and Conditions Agreement**

I have reviewed this form and believe all information is true and correct. By submitting this signed form, I acknowledge that I have read and understand the "Service Term and Conditions" that are made a part of this agreement. I further acknowledge and accept that these terms will control the operation of this agreement, including the responsibility to pay, in a timely manner, all authorized cost incurred for the ET Services.

<b>(a) Authorized Signature:</b>		<b>(b) Date:</b>	
First	Middle	Last	
<b>(c) Printed Name:</b>			
<b>(d) Title:</b>		Area Code	Phone Number
		(       )	Extension

# NEW JERSEY ELECTRIC TRANSMISSION ENROLLMENT FORM INSTRUCTIONS

**These instructions are numbered and correspond to each section of the enrollment form. Please read them to ensure your forms are filled out correctly. PLEASE PRINT OR TYPE CLEARLY. INCOMPLETE OR ILLEGIBLE FORMS WILL DELAY PROCESSING OF YOUR APPLICATION COSTING YOUR BUSINESS REVENUE.**

<b>SECTION ONE</b>	<b>Check Boxes</b>	Check the box that describes your situation. If you are submitting a form that reflects changes in multiple sections, check all the boxes that apply.
<b>SECTION TWO</b>	<b>STATION INFORMATION</b>	Enter information about the physical location of the station being enrolled
	(a) Inspection Station Number	Enter the State assigned license number.
	(b) Station Name	Enter the name of the station as registered by the State.
	(c) Station Description	If a partnership or corporation is the responsible bill payer, enter the business's internal station identifier, if needed. This will be displayed on the invoice to facilitate the business's internal accounting. For example, "Store 326."
	(d) Address	Enter the complete street address, city, county and state where the station is physically located.
	(e) Contact	Enter the name of a contact that can be reached at the station.
	(f) Phone	Enter the phone number and extension of where the station contact can be reached.
	(g) Fax	Enter the phone number of a facsimile machine that resides at the station.
<b>SECTION THREE</b>	<b>OWNER INFORMATION</b>	Enter information about the station owner if owner information is different from Section Two.
	<b>Check Boxes</b>	<input checked="" type="checkbox"/> Check YES if the Owner indicated in this Section is responsible for multiple stations. <input checked="" type="checkbox"/> Check NO if the Owner indicated in this Section is only responsible for this station.
	(a) Business Name	If a partnership or corporation owns the station, enter the name of the business or corporation.
	(b) Address	Enter the owner's complete street address, city and state.
	(c) Contact	If a partnership or corporation owns the station, enter a business contact. If the station is independently owned, enter the owner's name.
	(d) Phone	Enter the phone number and extension of where the owner contact can be reached.
	(e) Fax	Enter the phone number of the contact's facsimile machine.
<b>SECTION FOUR</b>	<b>BILLING INFORMATION</b>	MCI will mail one invoice to the location specified in this Section.
	<b>Check Box #1</b>	<input checked="" type="checkbox"/> Check STATION if you would like the invoice sent to the contact and address specified in Section Two. If this box is checked, you do not need to fill out Section Four. The information specified in Section Two will become your Billing Information. Continue to Section Five. <input checked="" type="checkbox"/> Check OWNER if you would like the invoice sent to the contact and address specified in Section Three. If this box is checked, you do not need to fill out Section Four. The information specified in Section Three will become your Billing Information. Continue to Section Five. <input checked="" type="checkbox"/> Check OTHER BILLING AGENT if there is an agent other than the Owner or the Station that is the responsible bill payer for charges accrued by the station. You must fill out this Section.
	<b>Check Box #2</b>	<input checked="" type="checkbox"/> Check YES if the Bill Payer indicated in this Section is responsible for multiple stations. <input checked="" type="checkbox"/> Check NO if the Bill Payer indicated in this Section is only responsible for this station.
	(a) Business Name	If a partnership or corporation is the responsible bill payer, enter the name of the partnership or corporation.
	(b) Address	Enter the complete street address, city, and state where the invoice should be mailed.
	(c) Contact	Enter the name of the person responsible for paying the invoice.
	(d) Phone	Enter the phone number and extension of where the billing contact can be reached.
	(e) Fax	Enter the phone number of a facsimile machine that resides at the billing address.
<b>SECTION FIVE</b>	<b>EMISSIONS INSPECTOR INFORMATION</b>	Enter the name and license number as found on the license issued by the state for ALL Emissions Inspectors employed at the station. Attach additional sheet if necessary.
<b>SECTION SIX</b>	<b>ANALYZER INFORMATION</b>	Enter the Analyzer Unit Number and dedicated telephone number for each Analyzer located at the station. Attach additional sheet if necessary.
<b>SECTION SEVEN</b>	<b>TERMS AND CONDITIONS AGREEMENT</b>	The person who makes business decisions for the station must fill out and sign this section. The person who signs in this Section is legally responsible for ET charges incurred by this Station, even if an alternate Billing Agent has been indicated in Sections Two, Three or Four.
	(a) Authorized Signature	The person who makes business decisions for the station must sign here.
	(b) Date	Enter the date of the signature of the authorized person who signed in 7a.
	(c) Printed Name	Clearly print the name of the authorized person who signed in 7a.
	(d) Title	Print the title of the authorized person who signed in 7a.
	(e) Phone	Enter the phone number and extension of the person who signed in 7a.